

bling with death; the business of getting blood-money for the man who cares not a whit for the blood upon it or the lives it represents. Should we not be a little ashamed of ourselves? Is it not time that we looked to our duty and to our own self-respect? There is no argument under heaven that can be used to support the employment of any drug or chemical, the exact physiologic action of which is unknown; there is absolutely no argument that can support the administration of any "secret proprietary" preparation, or one the actual ingredients of which the physician is in ignorance. There are honest manufacturers of pharmaceuticals, and there are good honest preparations—not secret. But, unfortunately, conditions are such as to make it almost impossible for us to hit the unscrupulous and the dishonest without doing some injury to the honest. It is as much their fault as it is ours, for they could do much service in cleaning up the stable, if they would but exert themselves. Our fault lies largely in our dense ignorance of what it is our sworn duty to know—the nature of and the facts concerning the materials which we use and prescribe. It is a conservative statement to say that not one physician in a thousand, the country over, knows that there are six different brands, under six controlled names, of course, for one simple chemical—hexamethylene-tetramin (JOURNAL, page 312). The editor has been criticized for devoting much space to this subject; but the criticism has come from those who were and are in absolute ignorance of the facts and the deplorable condition in which medicine has been placed by these generations of complacent credulity. This question is regarded by the deep-thinking men of the profession as the very most important question in medicine. Such men as Osler, Beard, Wiley, Wilcox, and scores of others, have uttered the strongest words of warning. Every statement here published, and every statement that has been published in the JOURNAL on this subject, is absolutely true and cannot be even disputed, let alone denied. If they are true, if the matter is so important, is it not our simple and plain duty, irrespective of what anyone else or any other journal may say, to clear away some of these noxious weeds that have been permitted to grow up in the field of medicine, and to let in a little of the good health-giving light? Let us, as a profession, strive hard to get away from our turpitude; to cease to be so wretchedly gullible.

THE CITY AND COUNTY HOSPITAL.

At the recent general vote on the question of the issuance of bonds for certain civic improvements, it was voted to issue bonds for three-quarters of a million dollars for the erection of a new City and County Hospital. The ballot specified that the hospital was to be built in the City and County of San Francisco; but the ordinance

passed by the Supervisors in June, 1902, which called for this vote, stated that the hospital was to be built on a parcel of land set off from the Alms House Tract. Inquiry by the JOURNAL shows that this binds the matter—the ordinance called for a vote for the issuance of bonds for the building of the hospital in a certain place.

The bonds have been voted; the hospital must therefore be built on that site. This is a fact greatly to be regretted. The particular parcel of land is the best unoccupied part of the Alms House Tract; but it is far from the city and it is up-hill to get there; moreover, the land itself is sloping, and much expensive grading will need to be done; finally, and this is the chief objection, and the one which cannot be overcome, the site is exposed to the winds and fogs from the Pacific Ocean and is not a salubrious place for a large part of the patients who have to seek relief in the hospital. The selection of this site was practically compelled by the residents of the Mission districts of the city. They very rightly considered that the old City and County Hospital, not an impressive architectural scheme in the beginning, and now a shabby lot of shanties, depreciated the value of their surrounding properties. But in ridding themselves of the old buildings they have sent the institution so far away that some sort of a boomerang must be expected. And it will very likely come in this way—the new institution will be built and the old abandoned. The new one will, because of its distance, be inaccessible for a certain class of acute surgical classes, and, because of its weather, be inappropriate for a class of chronic medical cases. Moreover, the new one will be quickly filled, for it is not planned to accommodate the number of probable applicants, if these increase at the present ratio. For these two classes, and the overflow, other arrangements will need to be made, and the site that will be selected for these arrangements will be the present one of the hospital. This cannot be otherwise; the present site is acknowledged to be in a salubrious part of the city, free from wind and fog, and it is, moreover, accessible to patients. What the Mission residents have to fear is that, in a reaction of economy, the old buildings shall be continued and used. What they will have to work for will be more bonds for a new group of buildings. Once they are built these Mission residents will find that their property is not materially harmed by them, for the deteriorating influence of a proper set of buildings surrounded by well laid-out grounds is *nil*, and the world is quickly coming to the opinion that disease under hygienic and sanitary control is safe in almost any part of a large city.

There are now two steps to be taken before the money can be realized on the bonds: The Supreme Court of California must review the whole proceeding and say that the bonds have been

properly and legally voted. Then bankers or buyers must be found to take the bonds. These processes will require about a year, and in them the JOURNAL has no particular interest.

Meanwhile, the plans are being prepared by the Board of Public Works. A representative of the JOURNAL has seen them and has thoroughly agreed in the modifications of the ideas dominating the initial set of plans. The two-story pavilion scheme gives place to a three or four-story scheme, the floors to be connected by modern passenger elevators. There is no more reason why sick people should not be in a fourth, fifth, or tenth story of a modern fireproof building than there is why well people should not be there. Surely those who have experienced and appreciated the peace and quiet, the fresh air and sunshine of the upper stories of a modern hotel, are going to understand the reason for building up,

rather than for building out sideways. On the economic side there is also a reason, for the number of roofs originally planned can be lessened and the number of beds under them increased, without increase of cost for building. In all the interior arrangements the most modern methods must be followed. Every room or ward must be supplied with hot and cold water for washing and drinking, and steam for heating, and with electricity for lighting. There should not be the need of a single fire in any of the buildings occupied by patients. Even the nurses' ward kitchens should have no gas stoves, but live steam should be used for their cooking. It is not just yet time to go into all the details, but the JOURNAL promises that sketches and floor plans shall be published and ample opportunity be given for a full discussion of the question by the profession.

TUBERCULOUS INFECTION OF THE PERITONEUM AND ADNEXA.*

By ANDREW STEWART LOBINGIER, A. B., M. D., Los Angeles.

THE fact that tuberculosis of the peritoneum and of the appendages are so frequently associated makes their combined study a logical one.

Veit, (1) in his address delivered at the last International Congress of Gynecology, declared peritoneal tuberculosis to be always a secondary infection, whereas genital involvement may be either primary or secondary. Martin (2) thinks genital tuberculosis is far commoner among women than is generally believed. Whenever we find inflammatory disturbances in the uterus or appendages, in a tuberculous subject, we should be suspicious of genital tuberculosis. He believes the appendages are affected from the intestines through the glands or peritoneum, or through the blood current. Borschke (3) found in 1393 subjects of tuberculosis brought to autopsy, 226 in which the peritoneum was affected. Of this number in only two could it be affirmed that the peritoneum was the primary focus of infection. Borschke's study demonstrated the large majority of infections to arise from the bronchial glands, lungs and pleura. Amann (4) also is of the belief that the bronchial glands are the primary site of infection and from these the lungs, pleura, peritoneum and appendages, are secondarily involved. He affirms with a rash positivism that a primary tuberculous lesion of the appendages, uterus or vagina has never yet been seen, and cites in support the statements of certain celebrated pathologic anatomists, who have never seen an unquestioned instance of primary genital tuberculosis in an adult female.

There can be no doubt that the peritoneum

may become infected from the fallopian tubes. Vierodt has reported a case where in a child of six and a half years tuberculosis peritonitis followed long continued vaginal discharge in which tubercle bacilli were found. Howard Kelly has shown that women in the puerperal state are peculiarly susceptible to tuberculous infection of the peritoneum and adnexa. Amann has commented on the same observation. The frequency of infection in women as compared with men has been widely noted in peritoneal tuberculosis. This fact has led to the belief that the appendages may in a large per cent of cases be first involved. Even though the evidence of tuberculous deposits may not be apparent macroscopically along the tubes in the fimbria, there is reason to believe that in many cases the endometrium and tubal mucosa may have been the avenue through which bacilli were conveyed to the peritoneum. The early experiences at Johns Hopkins as cited by Williams, illustrate how easily tuberculosis of the adnexa in the incipient stage may escape observation until a systematic and critical microscopic study is instituted. Nothnagel found 90 per cent of cases of peritoneal tuberculosis to be in women. Out of 131 cases tabulated by König (5) only eleven were men. Osler's reports show a disparity almost equally striking. Notwithstanding this difference, tabulated autopsy reports show a greater mortality among men than women. Halstead explains this by the fact that women are more frequently operated on for abdominal diseases than men and as a result of laparotomy are restored to health.

The pathology of tuberculous involvement of the peritoneum and adnexa is essentially similar. In each three characteristic types are to be observed, namely: (a) the miliary or disseminated serous exudative; (b) the ulcerative or caseous

*Read at the Thirty-third Annual meeting of the State Society, Santa Barbara, April 21-23, 1903.